

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
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TOTAL IND.	4		4			
TOTAL DEP.	12		1			
TOTAL CLAIMS	16		5			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					6	
TOTAL DEP.					38	
TOTAL CLAIMS					44	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS